STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	001120	A. BUILDING: _____ B. WING _____	C 04/17/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ASBURY TOWERS HEALTH CARE CENTER	102 W POPLAR ST GREENCASTLE, IN 46135

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	INITIAL COMMENTS This visit was for the Investigation of Complaint IN00145618. Complaint IN00145618 substantiated, no deficiencies related to the allegations are cited. Survey date: April 17, 2014 Facility number: 001120 Provider number: 155758 AIM number: 200525120 Survey team: Connie Landman RN-TC Census bed type: SNF: 18 SNF/NF: 22 Residential: 51 Total: 91 Census payor type: Medicare: 7 Medicaid: 38 Other: 46 Total: 91 Sample: 3 Asbury Towers Health Care Center was found to be in compliance with 410 IAC 16.2 in regard to the Investigation of Complaint IN00145618. Quality review completed 04/17/14 by Brenda Marshall, RN.	R 000		